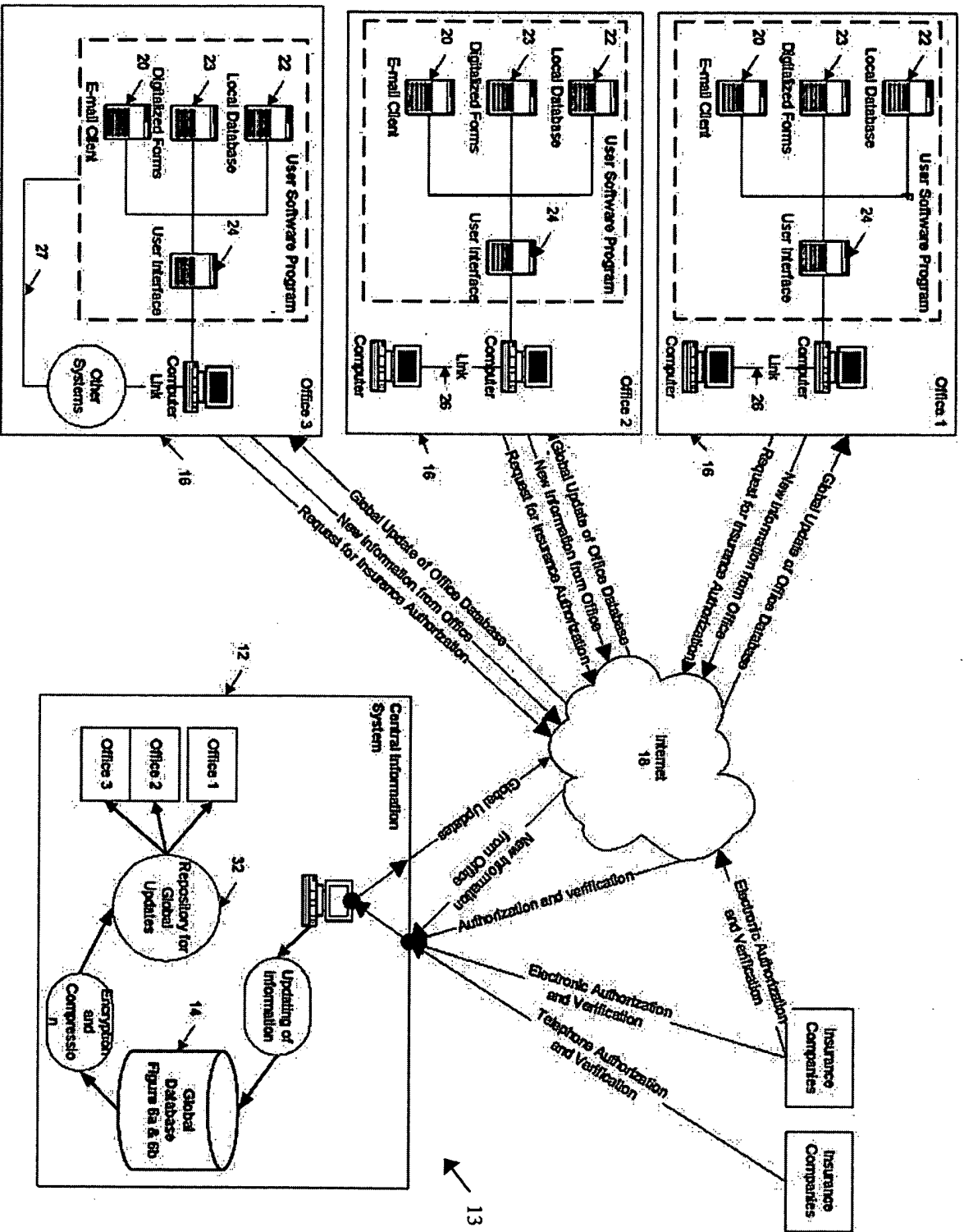


Figure 1



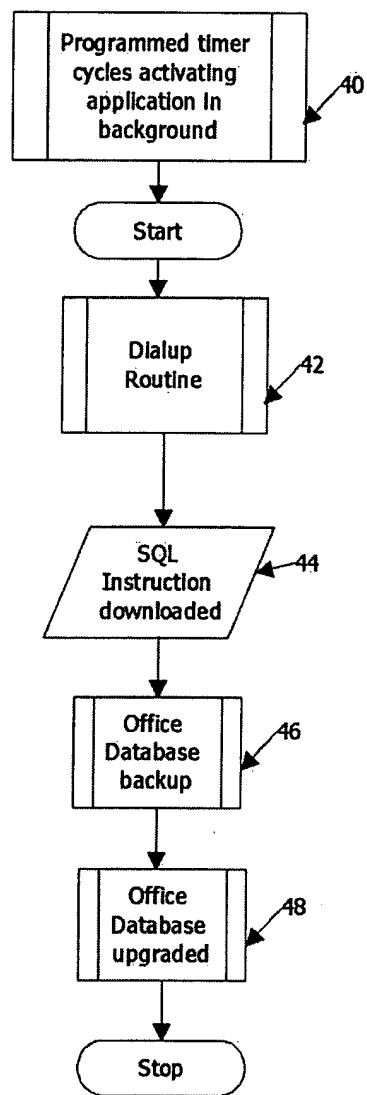


Fig. 2

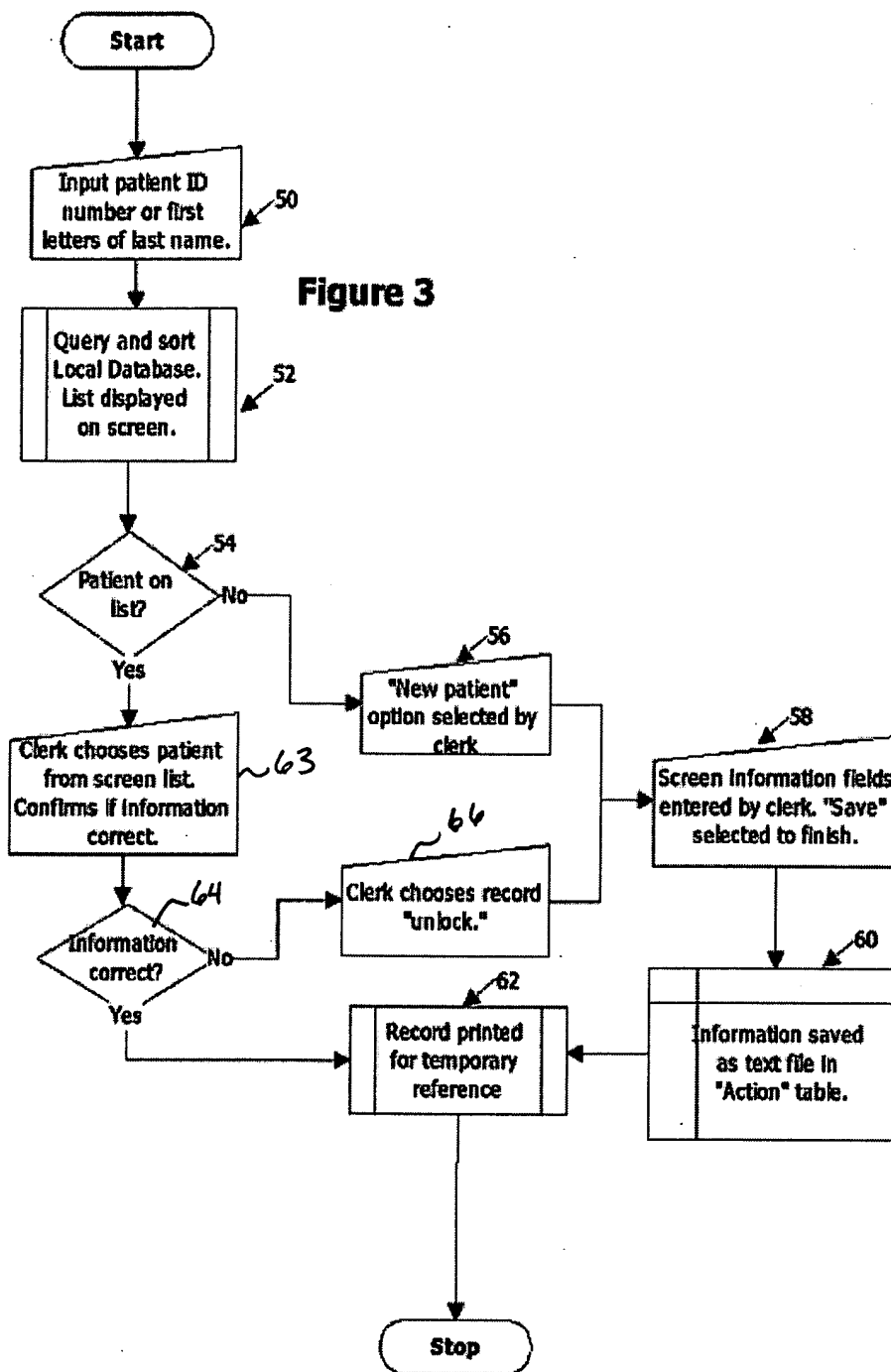


Figure 4

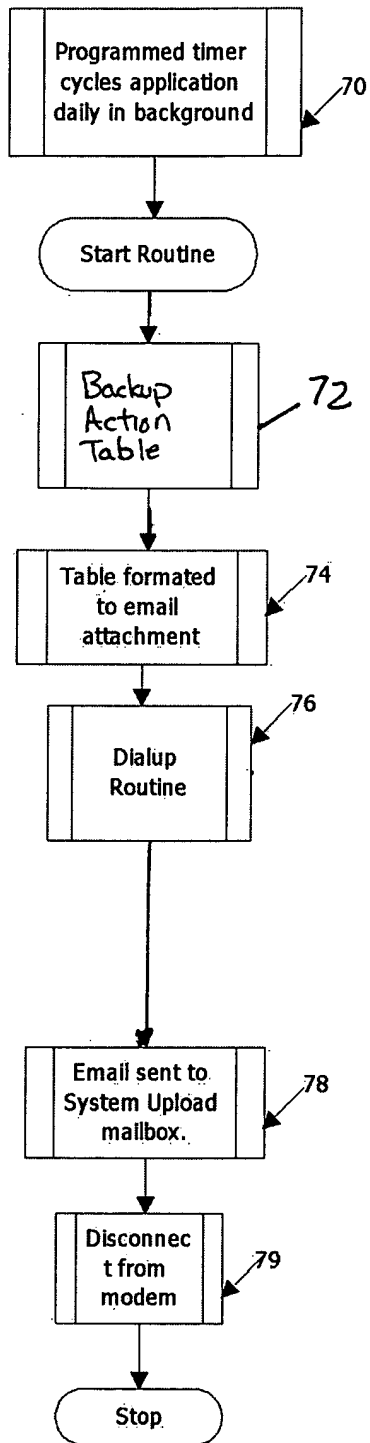


Figure 5

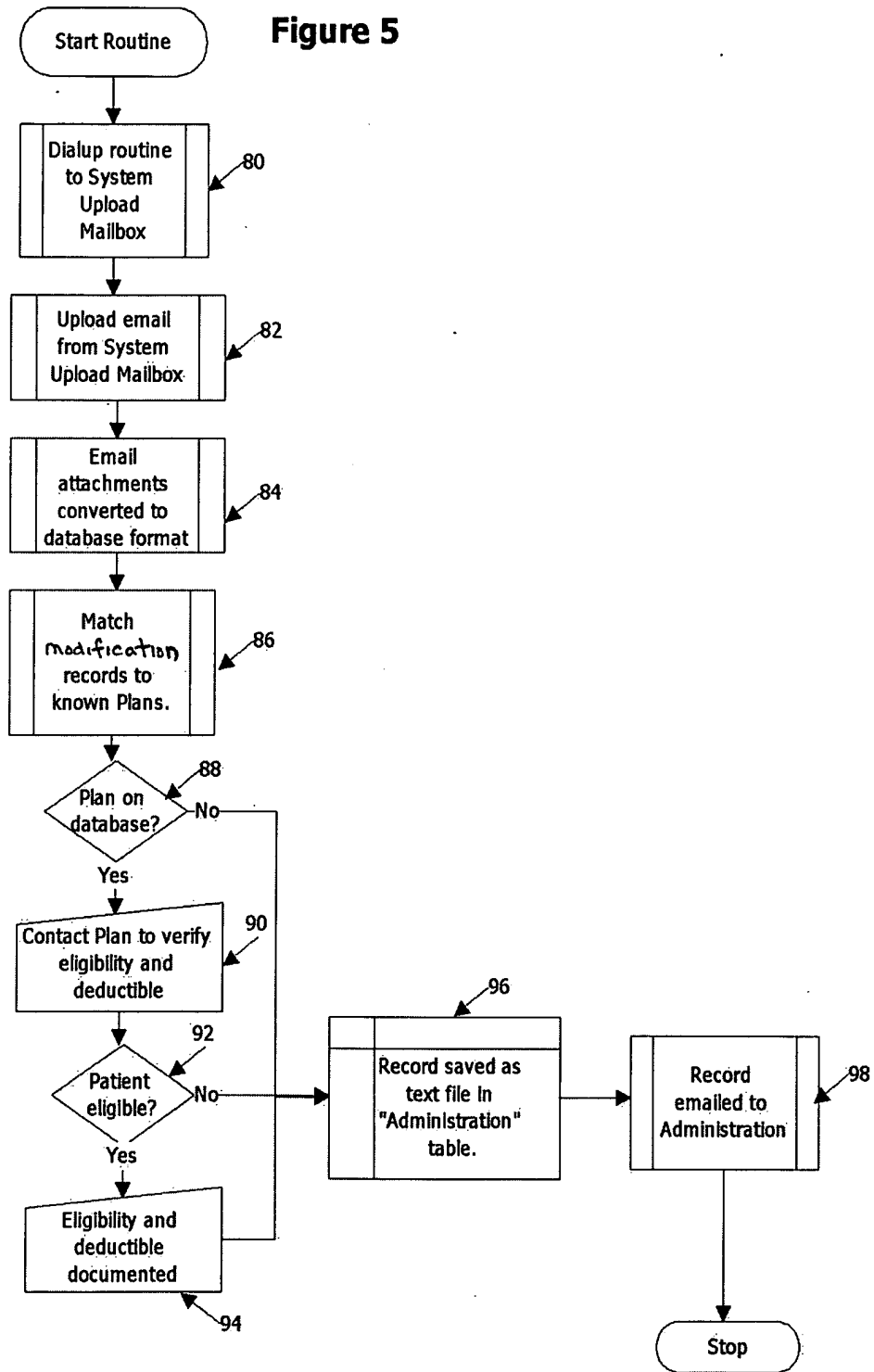
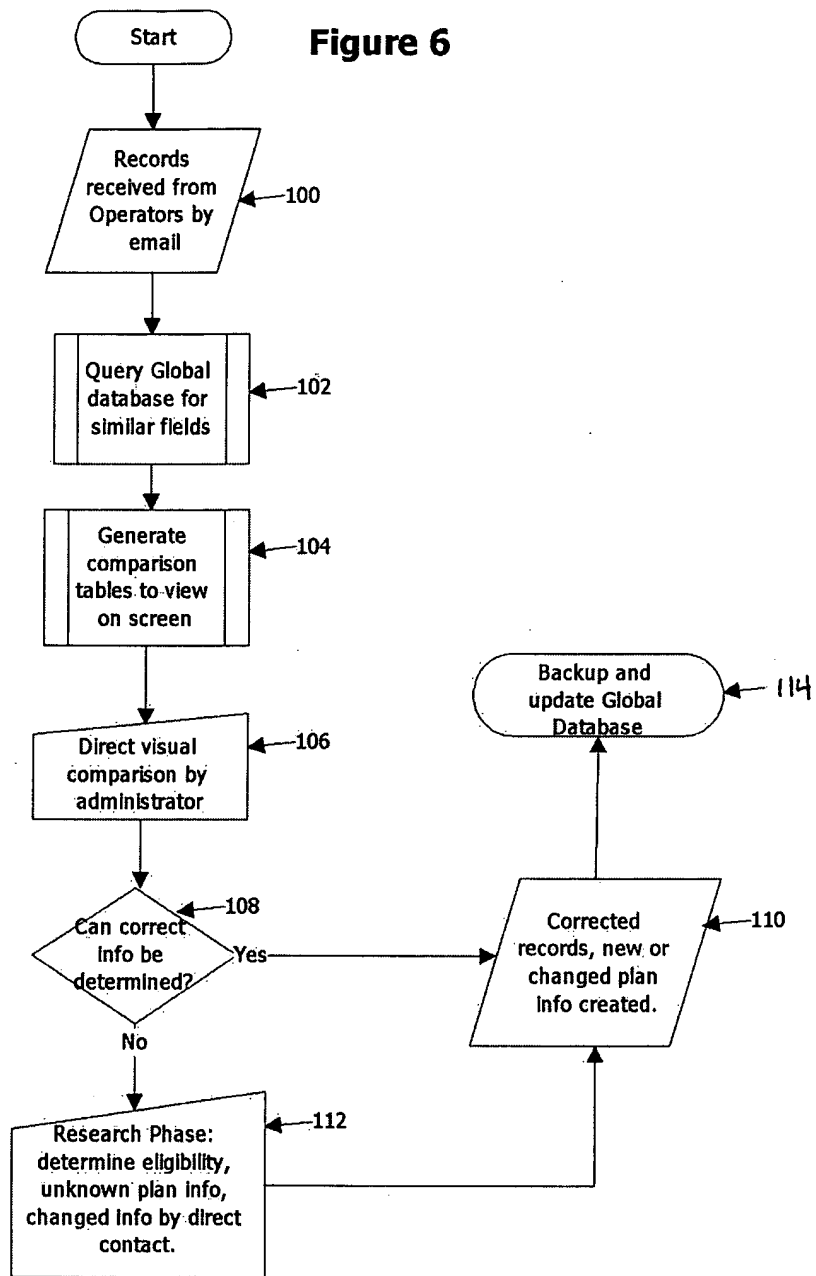
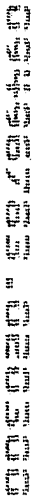


Figure 6





Select Carrier & Plan			162
Back	Next	Message	
Carrier Name	Plan Name	Rate Class	
(Self Pay)	Self Pay	(Self)	
Aetna/US Healthcare	Aetna US Healthcare "Quality" OPDS	POS	
Aetna/US Healthcare	Aetna US Healthcare "Basic Choice" PPO	PPO	
Aetna/US Healthcare	Aetna US Healthcare HMO	HMO	
Aetna/US Healthcare	Aetna US Healthcare Managed Choice POS	POS	
Aetna/US Healthcare	Aetna US Healthcare Open Choice PPO	PPO	
Aetna/US Healthcare	Aetna US Healthcare Traditional Indemnity	IND	
Affordable	Affordable Healthcare Company	PPO	
American Health Plan	America's Health Plan	PPO	
Americanaid	Americanaid	PPO	
American Medical	American Medical Plans of GA	PPO	
Anthem	Anthem	PPO	
B/C/BS	B/C/BS EPP-POS	POS	
B/C/BS	B/C/BS CA Indemnity	IND	
B/C/BS	B/C/BS ACA PPO	PPO	
B/C/BS	B/C/BS Preferred Care of Georgia	PPO	
B/C/BS	BellSouth PRO B/C/BS of Atlanta	PPO	
B/C/BS	BlueChoice PRO	PPO	
B/C/BS	BlueChoice HMO	HMO	
Capp	CappCare	PPO	
CCN	Community Care Network	PPO	
Champus	Champus	PPO	
Cigna	Cigna Select (Managed by Healthcare	PPO	
Cigna	Cigna HMO (National)	HMO	
Cigna	Cigna PPO & PPO Plus	PPO	
Cigna	Cigna PPO	PPO	
Cigna	Cigna Select Choice	PPO	

Fig. 7b

Referral Listing					2
	Created	Status	Authorization #	Patient Name	Specialist N
12	01/10/00 3:32:32	sent			
	01/06/00 18:25	sent	B-20348	224342	Arast, Richard
	01/02/00 20:29	sent	34553	Test Patient	CHA, Egbert
	01/02/00 20:27	sent		I. M. Atest	Cohan, Steve

Sort

[View/Print Form](#)

View/Print Report

Fig. 7f

166

Back Home Message

162

96 matches

<input type="checkbox"/> Allergy & Immunology	
<input type="checkbox"/> Cardiology and Interventional Cardiology	
<input type="checkbox"/> Cardiology or Cardiovascular Disease	
<input type="checkbox"/> Cardiology, Pediatric	
<input type="checkbox"/> Dermatology, General	
<input type="checkbox"/> Dermatology	
<input type="checkbox"/> Dermatology, Pediatric	
<input type="checkbox"/> Endocrinology	
<input type="checkbox"/> Endocrinology, Pediatric	
<input type="checkbox"/> Family Practice	
<input type="checkbox"/> Gastroenterology	
<input type="checkbox"/> Gastroenterology, Pediatric	
<input type="checkbox"/> Genetics, Medical	
<input type="checkbox"/> Geriatric Medicine	
<input type="checkbox"/> Gynecology (No OB)	
<input type="checkbox"/> Hematology	
<input type="checkbox"/> Hematology/Oncology	
<input type="checkbox"/> Hematology/Oncology, Pediatric	
<input type="checkbox"/> Hospital - ED	
<input type="checkbox"/> Hospital - OP AUDIOLOGY	
<input type="checkbox"/> Hospital - OP LABORATORY	
<input type="checkbox"/> Hospital - OP OTHER	
<input type="checkbox"/> Hospital - OP RADIOLOGY	
<input type="checkbox"/> Hospital - OP REHABILITATION	
<input type="checkbox"/> Hospital - OP SURGERY	
<input type="checkbox"/> Hospital - OP URGENT CARE	
<input type="checkbox"/> Hospital-Based Physicians, Pediatric	
<input type="checkbox"/> Infectious Disease	
<input type="checkbox"/> Infectious Disease, Pediatric	
<input type="checkbox"/> Internal Medicine	
<input type="checkbox"/> Internal Medicine, Specialist	
<input type="checkbox"/> Maternal and Fetal Medicine	
<input type="checkbox"/> Neonatology	
<input type="checkbox"/> Nephrology	
<input type="checkbox"/> Nephrology, Pediatric	
<input type="checkbox"/> Neurology	
<input type="checkbox"/> Neurology, Pediatric	
<input type="checkbox"/> Neuropsychiatry	
<input type="checkbox"/> Neuropsychology	
<input type="checkbox"/> OP CTN	
<input type="checkbox"/> Occupational Medicine	
<input type="checkbox"/> Oncology, Gynecologic	
<input type="checkbox"/> Oncology, Other	
<input type="checkbox"/> OP CLINICS (Independent) - OTHER	
<input type="checkbox"/> OP CLINICS (Independent) - REVAS	
<input type="checkbox"/> OP CLINICS (Independent) - SPEECH	
<input type="checkbox"/> OP RADIOLOGY (Independent)	
<input type="checkbox"/> Ophthalmology	

164

Fig. 7c

FIG. 7C

166

162

29 matches

City	Provider Name	Phone / Fax	Address
	UNLISTED PROVIDER		
Alpharetta	Fisher, Michael S, MD	v (770) 664-5225 f on file	3400 A Old Milton Pkwy # 320 Alpharetta, GA 30004
Alpharetta	Goldman, Gilbert C, MD	v (770) 664-5225 f on file	3400 A Old Milton Pkwy # 320 Alpharetta, GA 30004
Alpharetta	Levine, David J, MD	v (770) 664-5225 f on file	3400 A Old Milton Pkwy # 320 Alpharetta, GA 30004
Alpharetta	Luchetti, Mary Ellen, MD	v (770) 664-5225 f on file	3400 A Old Milton Pkwy # 320 Alpharetta, GA 30004
Alpharetta	Patry, Arun L, MD	v (770) 664-5225 f on file	3400 A Old Milton Pkwy # 320 Alpharetta, GA 30004
Alpharetta	Silverstein, Judith L, MD	v (770) 664-5225 f on file	3400 A Old Milton Pkwy # 320 Alpharetta, GA 30004
Atlanta	Fisher, Michael S, MD	v (404) 252-4333 f on file	993-D Johnson Ferry Rd NE Ste 100 Atlanta, CA 30342
Atlanta	Goldman, Gilbert C, MD	v (404) 252-4333 f on file	993D Johnson Ferry Rd NE Ste 100 Atlanta, CA 30342
Atlanta	Levine, David J, MD	v (404) 252-4333 f on file	993D Johnson Ferry Rd NE Ste 100 Atlanta, CA 30342
Atlanta	Luchetti, Mary Ellen, MD	v (404) 252-4333 f on file	993D Johnson Ferry Rd NE Ste 100 Atlanta, CA 30342
Atlanta	Patry, Arun L, MD	v (404) 252-4333 f on file	993D Johnson Ferry Rd NE Ste 100 Atlanta, CA 30342
Atlanta	Schoenfeld, David E, MD	v (404) 778-7777	875 Johnson Ferry Rd NE Dematology, Pediatric

168

Fig. 7d

166

162



Aetna U.S. Healthcare® Electronic
Referral Entry Sheet
ENLline ENtouch 888-833-9826

Member Name [Redacted]
Date of Referral Issued 12 Jan 2000

ENVOY ID 27789

Carrier Code 38

Your Aetna U.S. Healthcare Provider ID 84234556833

Aetna U.S. Healthcare Member ID or SSN [Redacted]

Referred to Provider ID [Redacted]
Address [Redacted]
City [Redacted] State [Redacted] Zip [Redacted]

Referred to Facility ID [Redacted]

Diagnosis Code(s) or Group(s) [Redacted]
(You may enter up to 3 diagnosis codes)

Procedure Code(s) or Group(s) [Redacted]
(You may enter up to 10 procedure codes)

Number of Visits [Redacted]

Place of Service Code [Redacted]

1 - Office Visit
2 - Inpatient
3 - Outpatient
4 - Same-Day Surgery Unit

Comment Code [Redacted]

- ☐ 1 - Call me
- ☐ 2 - Letter to follow
- ☐ 3 - Patient has records
- ☐ 4 - Urgent/Stat
- ☐ 5 - Sendfax me a report
- ☐ 6 - Pre-admission testing
- ☐ 7 - Work related/MVA
- ☐ 8 - Second opinion
- ☐ 13 - Perform procedure on left side of body
- ☐ 14 - Bilateral procedure
- ☐ 15 - Pacemaker check
- ☐ 16 - Wet film reading required
- ☐ 17 - Give films to patient
- ☐ 18 - Progress notes required

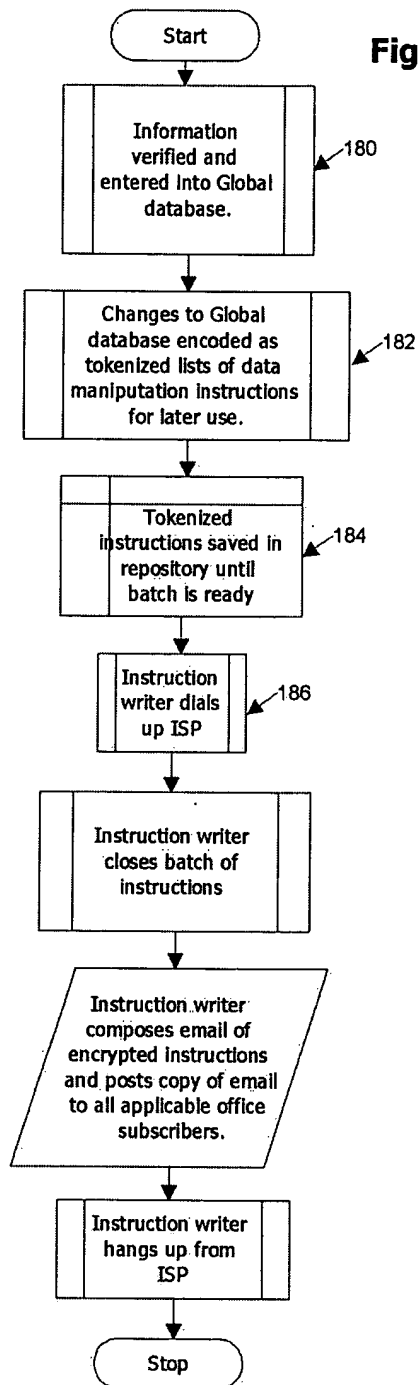
0 referral waiting Aetna/US Healthcare (Aetna US Healthcare HMO)

Dermatology, Pediatric

1/19/00 10:47 AM

Fig. 7e

Figure 8



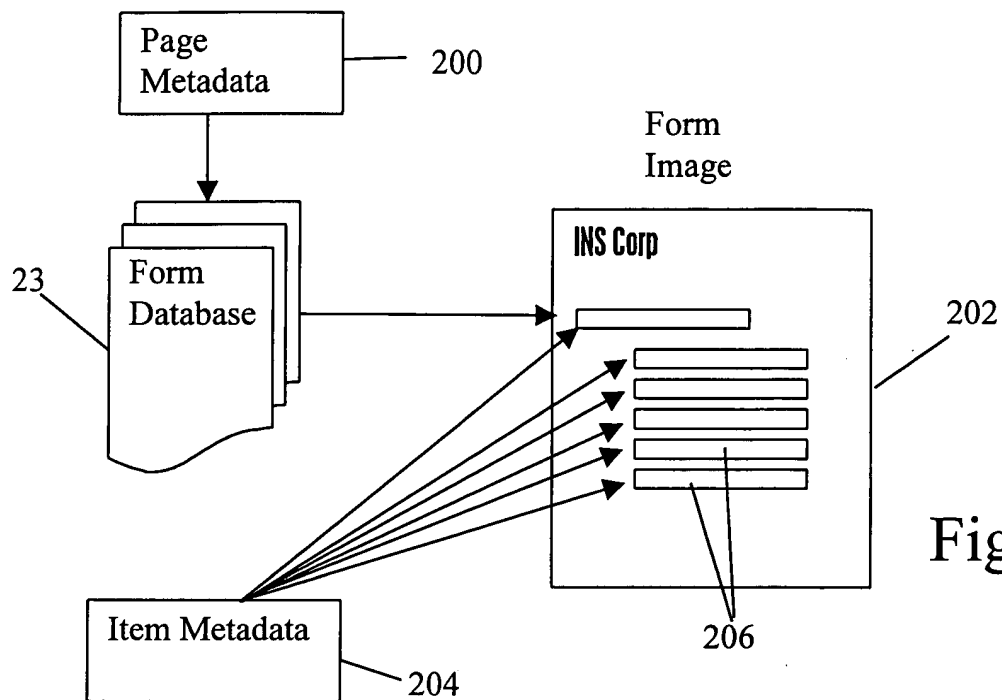


Fig. 9

Fig. 10

